

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

PLACE OF BIRTH:

County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_

Full name of child VINYARD (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(If child is not yet named, make supplemental report, as directed.)

Sex Male M If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth March 23, 1890 193  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? \_\_\_\_\_ birth (Month, day, year)

FATHER		MOTHER	
Full name <u>J. A. Vinyard</u>		Full maiden name _____	
Residence (usual place of abode) (If nonresident, give place and State) _____		19. Residence (usual place of abode) (If nonresident, give place and State) _____	
Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
Birthplace (city or place and State or country): _____		22. Birthplace (city or place and State or country): _____	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____ 193	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 193	26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
If stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_  
**report**

I hereby certify that I ~~attended~~ the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)  
When there was no attending physician or midwife, then the father, householder, should make this return. (Signed) J. A. Vinyard M. D.  
Name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_, Midwife  
(Date of) \_\_\_\_\_

254-323-000